

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			9/27/03
FORMALITY REVIEW	100		1-2-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/27/03
2	✓	✓	9/27/03
3	✓	✓	9/27/03
4	✓	✓	9/27/03
5	✓	✓	9/27/03
6	✓	✓	9/27/03
7	✓	✓	9/27/03
8	✓	✓	9/27/03
9	✓	✓	9/27/03
10	✓	✓	9/27/03
11	✓	✓	9/27/03
12	✓	✓	9/27/03
13	✓	✓	9/27/03
14	✓	✓	9/27/03
15	✓	✓	9/27/03
16	✓	✓	9/27/03
17	✓	✓	9/27/03
18	✓	✓	9/27/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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